

MULTIDISCIPLINARY TEAM CONFERENCE REPORT

THIS REPORT IS CONFIDENTIAL.

CHILDREN:

BIRTHDATES:

WHEREABOUTS

Kema, Jr., Peter

05/01/91

Unknown

[REDACTED]

[REDACTED]

[REDACTED]

CASE NAME: Kema, Jaylin

FAMILY MEMBERS:

Mother: Kema, Jaylin

Father: Kema, Sr., Peter

CONF DATE: 04/15/98, 2:00-4:00P - DHS Conference Room

CASE WORKER: [REDACTED] Hilo Intake and Investigations

PARTICIPANTS:

[REDACTED] - CPS Investigations

[REDACTED] - DHS supervisor

[REDACTED], TA CWSSA

B. Wilson M.D. - Pediatric Consultant

W. Jaeckle, Ph.D. - Psychologist Consultant

K. Rusnak, M.S., R.N. - Nursing Consultant

B. Grimmel, ACSW - Social Work Consultant

N. Higa, B.A. - Team Coordinator

GUESTS:

Edith Kawai, GAL

Christopher Barthel, Ph.D. - previous therapist for parents

THIS REPORT IS CONSULTATIVE IN NATURE AND CASE MANAGEMENT DECISIONS ARE LEFT UP TO THE DEPARTMENT OF HUMAN SERVICES

Team analyses and recommendations are made based upon information made available to the Team at the time of the Team Conference by DHS-CPS, and other collateral contacts. Team Recommendations may need to be modified in light of new information, available resources, and the realities of service delivery constraints.

Kaplan Child Protection Center



DEPARTMENT OF SOCIAL SERVICES
SOCIAL SERVICES DIVISION

APR 29 1998

CHILD PROTECTION UNIT
TELEPHONE 4622

APR 22 1998

EH INTAKE/ASSESSMENT UNIT
HILO, HI 96720

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REASON FOR TEAM

The purpose of this Team Conference was to assess the reason(s) for the parents' reluctance in providing information regarding the whereabouts of their son, Peter Jr.; and to determine if the [REDACTED] are safe in their parents' care.

CASE BACKGROUND

Please see DHS case records for complete case background.

IDENTIFYING INFORMATION

<u>Complaint/Report Date</u>	<u>Type of Maltreatment</u>	<u>Children</u>	<u>Confirmed</u>
May 8, 1991	Physical Abuse	[REDACTED]	Yes
August 12, 1991	Physical Abuse	Peter Jr.	Yes
April 4, 1997	Physical Abuse	Peter Jr.	No
June 18, 1997	Physical Abuse	Peter Jr.	No

Past Teams: No
Family Type: Married

Jurisdiction: Family Supervision
Medical Care Provider: Paho Family Health Center

DHS INVOLVEMENT

DHS has been involved with this family since May of 1991, when [REDACTED] called DHS in Kona to report bruises on the cheeks of [REDACTED] told [REDACTED] that the bruises were from Peter Kema, Sr. (mother's boyfriend), but they would not repeat this to the CPS worker. The case was referred to DHS in Hilo, where the family resided, and the report was confirmed. [REDACTED] were taken into protective custody and placed with [REDACTED]. In August of 1991 DHS received a report of physical abuse to Peter Jr.. The injuries included a fractured left knee as well as old fractures. Although it was not determined who the perpetrator was, the child was being cared for by only his parents at that time. Peter Jr. was placed with his siblings at the home of his [REDACTED].

The children were returned to their parents' custody in June of 1995. By that time Peter Kema, Sr. and mother (Jaylin Acol) were married and had [REDACTED].

On April 4, 1997, DHS received a report from a relative, that Peter Jr. had a broken arm (from father). It was further reported that Peter Jr. had to sit on the floor at mealtime (unlike his siblings), wore long sleeve shirts all the time, and had been seen eating "puppy shit". No further information was provided by other relatives and this was not confirmed.

In June of 1997 the report was received by DHS and a home visit was made. The family had to be tracked down following a move and mother and [REDACTED] were not home when the DHS social worker arrived at the

CASE BACKGROUND (Continued)

DHS INVOLVEMENT (Continued)

new home. An appointment was made and the family came to the DHS office (without Peter Jr.) in early July of 1997 following two canceled appointments. Family members stated that they had not seen Peter Jr. since December of 1996 and when asked about this, mother stated that Peter Jr. was with a paternal aunt and uncle until mid-August. An appointment was inadvertently set for August 15, 1997 for mother to bring Peter Jr. in, but as this was Admissions Day the DHS office was closed. The DHS social worker made a home visit in August of 1997 but found the windows tightly shut and no answer at the door, although there were two cars in the garage and the clothes dryer was running.

In October of 1997 the social worker interviewed [REDACTED] at school but they both stated that Peter Jr. was in Kona with Aunt Nani (Lee Ann Kobayashi and husband Jay Kobayashi). [REDACTED] said that [REDACTED] had seen Peter Jr. as recently as September, and [REDACTED] said [REDACTED] had last seen him in June of 1997.

In December 1997, mother's income maintenance worker left a message for the DHS social worker that mother had reported Peter Jr. as having moved out of the home on July 17, 1997, and moving to Oahu in October of 1997. In December 1997, the [REDACTED] still reported that they did not know where Peter Jr. was, and it was suggested by the DHS social worker that they file a missing person report. On December 29, 1997 the social worker contacted a private school, suggested by the extended family, to see if Peter Jr. was registered there. This school, Punana Leo School, as well as the DOE had no records of Peter Jr. having been registered there.

On January 8 1998, the social worker (with a police officer) went to the family home but there was no answer and all the windows were shut. On January 9, 1998 the social worker and a police officer went to the home again. This time mother was home and came out to talk to them. Mother appeared to have gained quite a bit of weight. Mother expressed anger and dislike of [REDACTED], but it wasn't until the social worker and police officer questioned her apparent indifference to her son's whereabouts that mother began to cry. Mother finally agreed to make a missing person report on behalf of her son.

On January 21, 1998 at the Hilo Police Station mother told the DHS social worker and Detective Nojiri that she had only found out the day before that her husband had given their son to a woman, Auntie Rose, on Oahu. During a separation between mother and father, Peter Sr. had taken the child to Oahu with him and signed a paper giving the child to this Auntie Rose. Mother does not know Auntie Rose and states that father told her Peter Jr. was with relatives and would be placed into school in Kona in August of 1997. When Detective Nojiri approached Peter Sr. in the waiting area to speak with him, mother stated that father had chest pains and had to go to an emergency doctor's appointment.

On February 26, 1998 the social worker visited the family home. During the visit mother stated that they were waiting for a letter from Auntie Rose, whose name is Rose Makuakane. Ms. Makuakane is a Hawaiian woman known for her skills in Hawaiian crafts.

CASE BACKGROUND (Continued)

DHS INVOLVEMENT (Continued)

On March 9, 1998 father and mother came into the DHS office for an appointment for Peter Sr. to speak with the DHS worker following two appointments which mother had canceled for father. Father stated that before his mother died, a man named Moses Makuakane had lived with them for five years. When his mother died (when he was twelve), Moses had his "cousin" Rose Makuakane stay with them for two weeks. Father did not see Rose again until September 1997 when he was on Oahu with Peter Jr.. Father states that at that time he was sleeping on the grass in A'ala Park with other homeless people, and sharing a tent with eighteen other people. He says that this was not a place for Peterboy, and when he ran out of food stamps he gave Peter Jr. to Rose Makuakane with a letter stating his intentions to let her keep the child, as he could not take care of him and was giving up his parental rights. He said that Rose wanted to move to Florida where it would be cheaper to live and she could sell her hats on the beach to make a living. The police have not been able to find a person who exists with the name of Rose Makuakane.

QUESTIONS TO BE ADDRESSED

1. Is there anything about the parents that has been missed that might help to shed light on their actions?
2. What, if any, vested interest do the parents have in not disclosing the child's whereabouts?
3. Are there any family dynamics that may affect [REDACTED] still in the home?
4. Is this home, and are these parents safe?

CASE BACKGROUND (Continued)

SOCIAL HISTORY/ENVIRONMENT

Mother and father have been together for approximately eight years, during which time they had stillborn twins at five months gestation, had a stillborn daughter, a son die at one day old and have had [REDACTED] taken away. These parents have not been tested for drug use and mother denies any physical abuse in their relationship since the early part, and denies any abuse to [REDACTED]. It is unclear how or why mother and father do not exhibit appropriate regret at the loss of their child, and why they are unwilling to disclose any information that would be useful in finding Peter Jr.

CASE BACKGROUND (Continued)

SOCIAL HISTORY/ENVIRONMENT

One worker states that these parents are naive and inexperienced rather than manipulative. Due to the father's dysfunctional childhood history and their recent experiences with DHS, these parents may be feeling intimidated. They were both said to be cooperative with services. There were some problems during the time [REDACTED] were with [REDACTED] and this had to do with issues between family members as well as mother's difficult pregnancy with [REDACTED]. Mother is at risk for gestational diabetes and was not well during her pregnancy, which, in addition to financial constraints, affected their ability to visit [REDACTED] in Kona.

Mother is very angry at [REDACTED] due to her own childhood molestation by a maternal uncle that she states [REDACTED] would not protect her from. [REDACTED] says that she was unaware of the abuse and that Jaylin only asked that uncle not stay in her room when he visited, she never told her of the abuse. Jaylin says that she told [REDACTED] ignored it. As an adolescent Jaylin become very sexually promiscuous, and had her first child by the time she was 16.

Father's history includes the death of both his father and then his mother at (Peter Sr.'s) ages of 5 and 12. Peter Sr. and his older sister Rachel ended up with a heavy-handed family in Volcano. He had trouble at school, was depressed, angry and was using drugs. Peter Sr. was referred to Dr. Barthel for counseling and although he managed to be responsive and got some help from the therapy, Dr. Barthel maintains that when Peter Sr. got overwhelmed he would fall apart. These lapses would include increased depression, drug use and his grades dropping. Dr. Barthel suggests that this is most likely still Peter Sr.'s pattern. He further contends that Peter Sr. is highly sensitive, paranoid, and fears having this family torn apart. When concerns were raised as to why Peter Jr. appears to have been the child targeted for abuse when he was Peter Sr.'s birth son, it was suggested that Peter Sr. was never certain if Peter Jr. was in fact his son or [REDACTED] son.

When [REDACTED] were returned to their parents' custody in 1995, it was due to their work with Dr. Barthel and participation in Ho'oponopono, their having secured a well-kept house, and having had [REDACTED] and no reports of abuse with her. When [REDACTED] were returned, Peter Sr. and Jaylin went into isolation with [REDACTED] and would not allow visitation with [REDACTED] in spite of Dr. Barthel's vehement exhortations that this would be harmful to [REDACTED] who were bonded to their [REDACTED]

[REDACTED] still in the home appear to be healthy and well. Their attendance and grades at school are good, and they seem happy. [REDACTED] do however seem to have been coached on what to say to DHS and other social service people, although, there are still some discrepancies in facts between what they say and what their parents say with regard to Peter Jr.'s fall from the treehouse and when they last saw Peter Jr..

CASE ANALYSIS
Children's Status, Functioning, Needs

Physical Status:

***No medical records could be obtained for Peter Jr. at this time**

1. Prenatal, Postpartum, Infancy, Childhood History

Peter: Multiple fractures at four months and possibly a fracture at five years - most likely result of abuse. Possibly other physical and emotional abuse.

2. Well Baby/Child Status

[REDACTED] Immunizations up to date.

[REDACTED] Immunizations up to date.

[REDACTED] Immunizations up to date.

3. General Health

[REDACTED] Overall good. Scabies - almost resolved.

[REDACTED] Overall good. Scabies - almost resolved., slightly overweight.

[REDACTED] Overall good. Overweight.

4. Medical Conditions, if any

[REDACTED] Bronchitis and upper respiratory infections.

5. Visual/Auditory Status

[REDACTED] Normal

[REDACTED] Normal

[REDACTED] Normal

6. Other

Peter: Has been missing for over a year.

Developmental:

1. Normal/Abnormal Growth

[REDACTED] Normal

[REDACTED] Short stature, overweight




[REDACTED] Short stature, overweight

As mother is of short stature also, this may be a genetic predisposition rather than a growth abnormality.


CASE ANALYSIS
Children's Status, Functioning, Needs

Developmental (Continued)

2. Normal Development/Abnormal Development/Delays

-  Normal (with available information)
-  Normal (with available information)
-  Normal (with available information)

Psychosocial:

Not much is known about  psychosocial functioning other than what has been ascertained from school records and a few brief interactions with the DHS social worker.

1. Description of current Emotional status. Stable vs. Unstable.

 seem to be happy


2. Adaptable to changes vs. difficulty in transitions

 appear to be fairly adaptable to changes.

3. Resiliency: High vs Low

 children appear to be resilient




4. Ability to emotionally connect to others: Trust/Mistrust,

 seem to have the same mistrust of outsiders as their parents'.

Children's Functional Analysis:

Name of Child

Level of Functioning/Needs

1. 	<input type="checkbox"/> Special Needs- Emotional	<input type="checkbox"/> Low Functioning	<input checked="" type="checkbox"/> Average Functioning	<input type="checkbox"/> High Functioning
2. 	<input type="checkbox"/> Special Needs- Emotional	<input type="checkbox"/> Low Functioning	<input checked="" type="checkbox"/> Average Functioning	<input type="checkbox"/> High Functioning
3. 	<input type="checkbox"/> Special Needs- Emotional	<input type="checkbox"/> Low Functioning	<input checked="" type="checkbox"/> Average Functioning	<input type="checkbox"/> High Functioning

CASE ANALYSIS

Caretaker's Status, Functioning, Needs:

Strengths:

Peter Kema, Sr.

None known

Jaylin Kema

None known

Weakness/Limitations:

Peter Kema, Sr.

Poor coping skills
Inadequate parenting knowledge and skills
Violent/aggressive behaviors
Poor impulse control
Difficulty forming adequate interpersonal relationships
Highly defensive
Unwilling or unable to accept responsibility for child maltreatment
Limited attachment to children
Negative perceptions of child (Peter)
Emotional problems

Jaylin Kema

Poor coping skills
Inadequate parenting knowledge and skills
Difficulty forming adequate interpersonal relationships
Highly defensive
Unwilling or unable to accept responsibility for child maltreatment
Limited attachment to child (Peter)
Inaccurate perceptions of child (Peter)
Emotional problems

Caretakers Functional Analysis:

Name of Caretaker

Level of Functioning/Needs

1. Peter Kema, Sr. (X) Dysfunctional () Low Functioning () Average () High Functioning
2. Jaylin Kema (X) Dysfunctional () Low Functioning () Average () High Functioning

As a couple they are resistant, angry, and uncooperative with the system. As individuals they deceive each other, and show little concern about locating Peter Jr.. There is a disconcerting possibility that Peter Jr. is dead. Their secrecy makes it difficult to determine the extent of impact on the remaining [redacted] and seems to be a function of their stress level. This couple falls apart under pressure, and father can be explosive towards [redacted] Jaylin, and himself. As the CPS and police investigations move forward there will be greater pressure on this couple.

SOCIAL ENVIRONMENT AND SOCIAL SUPPORT SYSTEM

Based on the analysis of this family's social environment and support system the following are the protective and risk factors in this case:

Protective Factors

1. Adequate living environment: sufficient space, adequate hygiene.
2. [REDACTED] doing well in school.

Risk Factors

1. Caretakers lack extended family member able to assist in care of [REDACTED]. Some extended family may be able to assist but parents will not allow contact.
2. Caretakers have a history of inadequate or dysfunctional parent-child relationships.
3. Caretakers have dysfunctional, maladaptive and/or abusive couple relationship.
4. Caretakers are unwilling to participate in services with community services providers and follow through with services is poor.
5. There are limited and poor social attachments including poor caretaker-child attachment.
6. Caretakers have been enmeshed in a maladaptive and abusive environment.
7. Six year old, who was physically abused at 4 months and possibly at five years, has been missing for over a year. There are serious questions as to whether the child is still alive.
8. Serious concerns as to the safety of the remaining [REDACTED] in the home.
9. Father's explosiveness is a concern for all family members in the home.

Social System Analysis:

Overall the current social environment and social support system is:

- (X) Substandard/Dysfunctional () Minimally Functional () Low () Average
() Highly Supportive without additional social services () Highly Supportive only with additional social services

TEAM ASSESSMENT

A multidisciplinary Team Conference was held to assist the DHS-CWS social worker in decision-making regarding the parents' lack of concerns for, or disclosure about, their missing child; six year old Peter Kema, Jr., who has been missing for over a year. Other decisions concerned the safety of [REDACTED] remaining in the home, and the possible course of action regarding the parents and [REDACTED] during the investigation. Based on the available information presented during the team conference [REDACTED] are average functioning [REDACTED] who require average care in all areas of functioning. The caretakers are assessed to be dysfunctional and have limited ability to care for [REDACTED] needs. The social support system contributes to the caretakers' dysfunction.

[REDACTED] have been raised in an abusive and coercive environment. From an early age [REDACTED] were the victims of violence and emotional abuse, as evidenced by the bruising on [REDACTED] at ages four and two, to Peter Jr.'s new and old fractures at age four months. Further, although the (spiral) fractures were caused by twisting of the limbs, both parents continually blame [REDACTED] jumping on Peter Jr. as the cause of these injuries; this is quite an emotional burden for [REDACTED] to carry. To provide explanations for later injuries to Peter Jr. (injuries to his arm), [REDACTED] appear to have been coached on what to say, adding more emotional burdens for [REDACTED]. Although it has been brought to the attention of the Team that these [REDACTED] remaining in the home appear healthy and unharmed, it might be prudent to remember that their brother is missing and the parents *seem* to be the perpetrators of this. As Peter Jr. was the child who appeared to have most of the injuries, it would be very reasonable for [REDACTED] to conclude that being out of favor with father and mother could indeed make you "go away".

Further information brought to the Team confirms the history of father's propensity towards violence when he is under pressure. Rather than conforming when under scrutiny, father falls apart and becomes extremely, and very rapidly volatile. It was further stated that it is unlikely that father's methods of coping have changed over time. Raising children seemed to be enough of a stressor for father to (allegedly) abuse [REDACTED]. With CPS interventions and investigations into Peter Jr.'s disappearance, the likelihood of father decompensating is very probable, and with father's history the probability of his abusing a family member is very high.

The Team members were not in a consensus regarding the removal of the [REDACTED] from the home, although the three members who advocated this course of action were quite vehement in their recommendations. The fact that these parents have a missing child, are not producing this child, and have not since August 1997, when a broken arm was reported, is of extreme concern. Given the history of serious physical abuse and reported abuse, the disappearance of Peter Jr. is very disturbing, indeed. There are also serious concerns in terms of the safety of [REDACTED] based on the information provided to the Team with regard to this family's history and abuse. These parents had (gave birth to) Peter Jr., and by four months of age he had multiple spiral fractures and was removed from the home along with [REDACTED] who were previously removed due to physical abuse. [REDACTED] were returned to the parents in June of 1995 and by April 1997 Peter Jr. reportedly had a broken arm from father, and by August 1997 he was missing. Based on this information it is strongly recommended by these members that [REDACTED] be removed from the family home pending the investigation into Peter Jr.'s disappearance. The fourth member recommended strong family supervision and daily accountability and support for this family during this

TEAM ASSESSMENT (Continued)

stressful time. This member states that because there are no allegations of abuse or neglect to the [REDACTED] and this family is apparently doing better than they ever have (with regard to [REDACTED] therefore, there is no cause to remove them from the home. This member has concerns that objectivity is being obscured by suspicions and other recent cases in the news. Also stated by this member is the need to arrive at a better understanding of our criteria, such as; at what level of probability do we use separation as a solution rather than seeking other alternatives (homebased services and family monitoring). The Team member who recommended the latter, also suggested that removing the [REDACTED] might be a catalyst for father's violent outbursts. All Team members agree unanimously that the search for Peter Jr. should be carried out expeditiously and vigorously.

[REDACTED] have most likely been abused and/or been witness to repeated acts of violence and abuse toward other members of their family, up to, and including the removal of their brother from the family. [REDACTED] do not yet understand or comprehend the dynamics of the situation in their family; but they do need to be provided with a safe, stable environment with protection, emotional nurturance, and the continuity of care and extended family that has been missing.

These parents have been provided with numerous services over a long period of time, and have seemingly complied. At the very least, in view of their lack of concern and active response to their missing child, it is likely that there have been no improvements in their parenting abilities. At the very worst, if they are actively involved in their child's disappearance, the safety of the remaining children is of the gravest concern.

The family is, therefore, assessed to be:

() Safe/Adequate (X) Safe/Adequate only with Services (X) Unsafe/Inadequate () Other: List

one Team member

three Team members

TEAM RECOMMENDATIONS

1. Placement Recommendations.

A. [REDACTED] Placement together in a foster home in Hilo to provide safety for [REDACTED] [REDACTED] facilitate easy visitation with the parents, and maintain some sense of normalcy in [REDACTED] school/peer routines during the investigation into Peter Jr.'s whereabouts. [REDACTED] should not be returned to the parents if Peter Jr. is not found.

OR

B. Keep [REDACTED] in the home and provide services that will monitor the family, provide daily accountability of the family after the school year ends, and keep [REDACTED] safe from any explosive acting out on father's part. Some possibilities include: homebased services, a therapeutic aid, counseling for the parents, and school counselors until school ends.

2. Legal Recommendations.

A. The police department should be urged to expeditiously investigate the disappearance of Peter Kema, Jr.. The uncertainty regarding his status makes decisions regarding [REDACTED] very difficult. The police should be required to attend case conferences and provide the current status and updates on this case.

3. Visitation Recommendations.

A. Visitation with both the parents and [REDACTED] should be facilitated to provide [REDACTED] with support and a social network during the investigation into Peter Jr.'s disappearance.

Children's Recommendations:

1. Psychological treatment/support.

Desired Outcomes: To provide support for [REDACTED] with regard to Peter's disappearance, the disruptions in the family, and any abuse they have witnessed/experienced.

2. Review of all medical and hospital records, including Dr. Sugai in Kona.

Desired Outcomes: To determine [REDACTED] health, the details of Peter Jr.'s arm injury, and any other unexplained injuries that may have occurred.

3. Speak with Dr. McCallister regarding the visit to the Pahoia Clinic to examine Peter Jr.'s arm.

Desired Outcome: To determine the extent and evaluation of the injury.

Children's Recommendations (Continued)

4. Contact all of the orthopedic doctors in town to discover if Peter Jr. did have a cast put on his arm in between November of 1996 and April, 1997.

Desired Outcome: To determine the extent and evaluation of Peter Jr.'s injury.

5. Support from outside agencies.

Desired Outcomes: To support this family regardless of whether [REDACTED] remain in the home or are placed into foster care.

6. Obtain copies of miscarriage and death records of children stillborn and/or miscarried by Jaylin.

Desired Outcomes: To determine the causes, and if domestic violence was involved.

Caretaker's Recommendations

Peter Sr. and Jaylin

1. Psychological evaluations

Desired Outcome: To determine the level of parents' functioning and ability to provide a safe home for [REDACTED].
[REDACTED] To gain an understanding of Peter Sr.'s motives in giving his son away.

2. Psychological treatment

Desired Outcome: To provide support for these parents during the stressful time of the investigation, and also if [REDACTED] are taken out of the home. To help these parents resolve some of their own issues related to their families of origin, abuse, relationships, and parenting skills. Dr. Barthel is willing to be this support person.

3. Review medical records

Desired Outcomes: To determine health and medical history.

4. Check with airlines for reservations/ticket purchases for Peter Jr. and Sr. between July and August of 1997.

Desired Outcomes: To verify if Peter Sr. and Jr. did indeed travel between Oahu and Hawaii at the times he has stated.

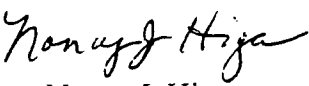
5. Possible re-teaming in the next month.

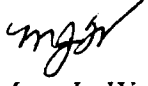
Desired Outcome: To re-assess the situation.

Social System Recommendations

1. Visitation with [REDACTED] and other extended family members.

Desired Outcome: To provide support to [REDACTED] and a sense of family connection throughout this stressful time and hopefully into the future.

Submitted by: 
Nancy J. Higa
Team Coordinator

Approved by: 
Mary Jo Westmoreland
KCPC HI Branch Administrator

PETER K. KUBOTA

ATTORNEY AT LAW
A LAW CORPORATION

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AREAS OF PRACTICE
BUSINESS LAW
REAL ESTATE
ESTATE PLANNING

April 22, 1998

FAX TRANSMISSION SHEET

TO: [REDACTED]
Fax Number: [REDACTED]

FROM: Peter K. Kubota *PKK*
No. of Pages: 1

CONFIDENTIAL This message is intended only for the use of the designated recipient named above. This message may be an attorney-client privileged communication that is confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient of an agent responsible for delivering the message to the intended recipient, you are hereby notified that you have received this document in error, and that any review, distribution, copying, or use of this message is strictly prohibited. If you have received this message in error, please notify us immediately by telephone and return the original message to us at the above address by mail. Thank you.

PKK: MESSAGE

RE: Kema [REDACTED]

[REDACTED]

I represent [REDACTED], who are [REDACTED] the Kema [REDACTED]. I realize that you can not give us information unless we are parties to the CPS action. However, I just want to let you know that [REDACTED] are willing and able to serve as foster or temporary foster custodians for [REDACTED]. You may recall that they had served well in this capacity in the previous CPS case, and they are in relatively close contact with [REDACTED] the natural parent of [REDACTED]. Given the circumstances, it may be in [REDACTED] best interests to place them in a familiar family home. If you wish to speak with [REDACTED] directly, please feel free to call [REDACTED] and [REDACTED]. Please let me know if I can be of any assistance. Thank you.

To whom it may concern

I Peter Kema Sr. do give up all Parental Rights for my son Peter Kema Jr. to my ainty Rose Makua Kane. I am seeking the best care for my son at this time. I am unable to care for his welfare and I will know his needs will be met.

Peter J. Kema



NOTE THAT
PETER KEMA SR.
GAVE ROSE M.
WHEN HE GAVE
HER PETER-BOY.

DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

MAR 23 1998

EH INTAKE/ASSESSMENT UNIT
HILO, HI 96720

Cite

April 21/98

Parsons

Ret. District

Lt. Dan W. Sakumura, Police Dept.

Dt. GLENN Y. NOJIMA, Police Dept.

Capt. Monty Carter, Police Dept.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

DITS

over this case *over this case* *no violence* *all marriage* *service PIA*
ALTERNATIVES TO VIOLENCE
WOMENS INTAKE ASSESSMENT

COURT INFORMATION: _____ SELF REF: _____ OTHER: _____ DATE: 4-10-92
 TRO: FC-DA# _____ # CHILDREN: [REDACTED]
 709-906: FC-CR# _____ LIVING WITH PARTNER: yes
 DF PROS# _____ PARTNER IN PROGRAM: yes
 POLICE _____ SPECIAL PAGES DONE: yes
 OTHER _____ INTAKE SPECIALIST: CC

BASIC STATISTICAL INFORMATION

1. NAME	<u>Jaylin M.A. Kema</u>	PARTNER'S NAME	<u>Peter J.K. Kema, Sr.</u>
2. ADDRESS	<u>P.O.B. 10742 Hilo HI 96721</u>	ADDRESS	<u>P.O.B. 10742 Hilo</u>
3. AREA	<u>Hilo</u>	AREA	<u>Hilo</u>
4. D.O.B.	<u>04.10.70</u>	D.O.B.	<u>08.17.70</u>
5. S.S.#	<u>[REDACTED]</u>	S.S.#	<u>[REDACTED]</u>
6. ETHNIC	<u>Philipino, Span., Chi, Jap</u>	ETHNIC	<u>HAWAIIAN</u>
7. PHONE #	<u>934-9019</u>	PHONE #	<u>934-9019</u>
8. WORK PHONE/MESS	<u>934-7599</u>	WORK PHONE/MESS	<u>934-7599</u>
9. EMPLOYER	<u>none</u>	EMPLOYER	<u>Security - Hilo Lagoon Centre</u>
10. RELATIVES NAME	<u>Hannah Wilson</u>	RELATIVES NAME	<u>Hannah Wilson</u>
11. RELATIVES PHONE	<u>934-7399</u>	RELATIVES PHONE	<u>934-7399</u>
12. RELATIVES ADDRESS	<u>17A Ailuna St. Hilo</u>	RELATIVES ADDRESS	<u>17A Ailuna St. Hilo</u>
13. RELATIVES RELATIONSHIP	<u>Aunty</u>	RELATIVES RELATIONSHIP	<u>Aunty</u>
14. Are you presently living with your partner?			<input checked="" type="radio"/> Yes <input type="radio"/> No
15. How long have you been in this relationship?	Years <u>3</u> Months _____ Weeks _____		
16. Are you married to this partner?			<input checked="" type="radio"/> Yes <input type="radio"/> No
17. If you are separated from this partner, was the separation because of violence?			<input type="radio"/> Yes <input checked="" type="radio"/> No
<u>There is not violence in our marriage</u>			
18. Have you ever separated before because of violence?			<input checked="" type="radio"/> Yes <input type="radio"/> No
<u>violence over 2 yr ago</u>			
19. What contact do you have with this partner who has been violent with you?			
<u>We are married living together</u>			

Child Service Division
 Intake - Assessment Unit (Child, Protective Services)

SW: [REDACTED]

Date: Feb. 25/98.

Child	DoB	Last Med Appointment	Medical Complaint	Chronic Med. Need: ^{TX} (or) ^{TX} hyp med. co
[REDACTED]	[REDACTED]	1/15/98	Scabies short stature	Ø
[REDACTED]	[REDACTED]	1/15/98	Scabies overweight	Ø
[REDACTED]	[REDACTED]	1/26/98	Bronchitis BOM Short stature	Ø

CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

I, Taylor Maureen Kama, hereby give my permission to

(1) Name of applicant/recipient/legal guardian (A-01)

Bay Medical Clinic, to give the following information

(2) Individual/agency or organization

in their records about me and/or my family and/or my ward [check as appropriate] to the DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION.

The information to be reviewed/released is limited to the following:

(3) Medical Homecare notes in last 2 years. Medical problems fractures, sprains, cuts (acute cases) Shirts - up to date? Last med visit + med problem

This information is to be used for DHS / CPS Assessment

(4) State purpose

(5) Check one of the following:

This consent is good until April 9/98 (not to exceed 90 days from date signed); OR

(6) month/day/year

FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date on which I sign this consent.

I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:

1. _____

J. Maseema 1/1/98

(7) Signature of applicant/recipient/legal guardian

Date

P.O. Box 10742, Hilo, HI 96721

(8) Address of applicant/recipient

State Security No. of Applicant/Recipient

Complete two (2) copies:
Original - Individual/agency, Copy - Case record
DH-1165 (6-98)

NEW ENROLLMENT

OR

CHANGE ENROLLMENT

HAWAII
QUEST
ENROLLMENT



***IF YOU DO NOT CHOOSE
A HEALTH CARE PLAN,
ONE WILL BE ASSIGNED
FOR YOU AND YOUR FAMILY***

(Please TYPE or PRINT clearly)

NAME: [REDACTED]

(LAST)

(FIRST)

(M.I.)

SOCIAL SECURITY NO: [REDACTED]

MAILING ADDRESS: [REDACTED]

CITY: [REDACTED] HI ZIP: [REDACTED]

PHONE: (DAY) [REDACTED] (HOME) [REDACTED]

SIGNATURE: [REDACTED]

DATE: 04-27-98

DHS 1102 (Rev. 1/95)

HEALTH PLAN I WANT TO ENROLL IN:

1st CHOICE HMSA

2nd CHOICE HMSA

DENTAL PLAN I WANT TO ENROLL IN:

1st CHOICE HMSA

2nd CHOICE

FOR OFFICIAL USE ONLY

CASE NAME

CASE NUMBER

WORKER CODE

SECTION

UNIT

NEW ENROLLMENT

OR

CHANGE ENROLLMENT

HAWAII
QUEST
ENROLLMENT



**IF YOU DON'T CHOOSE
A HEALTH CARE PLAN,
ONE WILL BE ASSIGNED
FOR YOU AND YOUR FAMILY**

(Please TYPE or PRINT clearly)

NAME: [REDACTED]
(LAST) (FIRST) (MI)

SOCIAL SECURITY NO: [REDACTED]

MAILING ADDRESS: [REDACTED]

CITY: [REDACTED] HI ZIP: [REDACTED]

PHONE: (DAY) [REDACTED] (HOME) [REDACTED]

SIGNATURE: [REDACTED]

DATE: 4-27-98

DHS 1102 (Rev 1/95)

HEALTH PLAN I WANT TO ENROLL IN:

1st CHOICE HMSA

2nd CHOICE

DENTAL PLAN I WANT TO ENROLL IN:

1st CHOICE HMSA

2nd CHOICE

FOR OFFICIAL USE ONLY

CASE NAME		CASE NUMBER	
WORKER CODE	SECTION	UNIT	

NEW ENROLLMENT

OR

CHANGE ENROLLMENT

HAWAII
QUEST
ENROLLMENT



**IF YOU DO NOT CHOOSE
A HEALTH CARE PLAN,
ONE WILL BE ASSIGNED
FOR YOU AND YOUR FAMILY**

(Please TYPE or PRINT clearly)

NAME: [REDACTED]
(LAST) (MI)

SOCIAL SECURITY NO: [REDACTED]

MAILING ADDRESS: [REDACTED]

CITY: [REDACTED] HI ZIP: [REDACTED]

PHONE: (DAY) [REDACTED] (HOME) [REDACTED]

SIGNATURE: [REDACTED]

DATE: 4-27-98

DHS 1102 (Rev 1/95)

HEALTH PLAN I WANT TO ENROLL IN:

1st CHOICE HMSA

2nd CHOICE

DENTAL PLAN I WANT TO ENROLL IN:

1st CHOICE HMSA

2nd CHOICE

FOR OFFICIAL USE ONLY

CASE NAME		CASE NUMBER	
WORKER CODE	SECTION	UNIT	

STATE OF HAWAII
 Department of Human Services
 Med-QUEST DIVISION

DHS-MedQUEST Division
 EB-East Hawaii Section (556)
 88 Kanoelehua Ave., Room 107
 Hilo, HI 96720

APPLICATION FOR
 MEDICAL ASSISTANCE

Telephone No. (808) 833-0339

FOR OFFICIAL USE ONLY

DEPARTMENT OF HUMAN SERVICES
 SOCIAL SERVICES DIVISION

Case Name: _____
 Section/Unit/IMW Code: _____
 Date Signed Form Received: **APR 27 1998**

EH INTAKE ASSESSMENT UNIT
 Medical Group (IV) _____
 HILO, HAWAII 96720

Check: FS/HQ Combo _____

FILING APPLICATION: If determined eligible, your medical coverage may begin on the day your application is received by the Med-QUEST eligibility office, if anyone in your household receives either Supplemental Security Income (SSI) and/or Social Security disability benefits or have reached age 65 and you are unable to complete the entire application now, just complete your name and address on Page 2 and your signature on Page 3. The eligibility worker will help you complete the application.

PLEASE PRINT CLEARLY

2. YOUR NAME (LAST, FIRST, M.I.) _____
 YOUR SOCIAL SECURITY NO. _____
 BIRTHDATE _____ PHONE NO. _____

SPOUSE'S NAME (LAST, FIRST, M.I.) _____
 SPOUSE'S SOCIAL SECURITY NO. _____
 BIRTHDATE _____ PHONE NO. _____

ADDRESS WHERE YOU LIVE (NO. STREET OR DIRECTIONS TO YOUR HOME)

 APT./SPACE NO. _____ CITY & STATE _____ ZIP CODE _____

YOUR MAILING ADDRESS IF DIFFERENT FROM ABOVE (NO. STREET)
 40 DHS 75 Apunani St Room 112
 APT./SPACE NO. _____ CITY & STATE Hilo HI ZIP CODE 96720

IS ANYONE IN YOUR HOME PREGNANT?
 YES NO
 IF YES, INDICATE WHO NAME: _____
 WHEN IS THE CHILD(REN) DUE? DATE: _____
 NO. OF CHILD(REN) EXPECTED? _____

3. HOUSEHOLD MEMBERS AND CITIZENSHIP DECLARATION STATEMENT:
 Each household member must certify under penalty of perjury that he/she is a U.S. citizen, U.S. national, or a permanent resident (unless applying for emergency medical coverage). An adult household member who is age 18 or older must sign this declaration statement (Section B). If everyone in the household is under age 18, the applicant must also sign on behalf of the other members (Section B). List the person to whom the medical card and/or coupons are to be sent. If the spouse is in the household, list on line 2. List everyone else in the home. If anyone is pregnant, list the number of children (ren) expected as household member(s); for example, pregnancy or twins should be listed as "Expected Child #1" and "Expected Child #2".

(SECTION A) NAME (LAST, FIRST, M.I.)	SEX	RELATIONSHIP TO PERSON #1	BIRTHDATE (MM/DD/YY)	SOCIAL SECURITY NUMBER (REQUIRED)	RACE	ETHNICITY	DISABLED (YES/NO)	NAME OF CHILD(REN) (IF ANY)	NAME OF TAX DEPENDENT NOT LIVING AT HOME
_____	_____	_____	_____	_____	_____	_____	_____	Jaylin + Peterse Kema	_____
OTHER NAMES USED			AGE: _____	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY _____	<input type="checkbox"/> OTHER	
2. _____			AGE: _____	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY _____	<input type="checkbox"/> OTHER	
OTHER NAMES USED			AGE: _____	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY _____	<input type="checkbox"/> OTHER	
3. _____			AGE: _____	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY _____	<input type="checkbox"/> OTHER	
OTHER NAMES USED			AGE: _____	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY _____	<input type="checkbox"/> OTHER	
4. _____			AGE: _____	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY _____	<input type="checkbox"/> OTHER	
OTHER NAMES USED			AGE: _____	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY _____	<input type="checkbox"/> OTHER	
5. _____			AGE: _____	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY _____	<input type="checkbox"/> OTHER	
OTHER NAMES USED			AGE: _____	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY _____	<input type="checkbox"/> OTHER	
6. _____			AGE: _____	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY _____	<input type="checkbox"/> OTHER	
OTHER NAMES USED			AGE: _____	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY _____	<input type="checkbox"/> OTHER	

(Section B): SIGNATURE OF ADULT _____ DATE: 04-27-98

(Section C): Write in names of other persons in your home who do not need help. Include yourself if you do not need help.

NAME	AGE								
_____	_____								
_____	_____								
_____	_____								
_____	_____								

STATE OF HAWAII
 Department of Human Services
 Med-QUEST DIVISION

DHS-MedQUEST Division
 EB-East Hawaii Section (556)
 88 Kanoelehua Ave., Room 107
 Hilo, HI 96720

APPLICATION FOR
 MEDICAL ASSISTANCE

Telephone No. (808) 933-0339

FOR OFFICIAL USE ONLY	
Case Name	Case Number
Section/Unit/IMW Code	DEPARTMENT OF HUMAN SERVICES SOCIAL SERVICES DIVISION
Date Signed Form Received:	APR 27 1998
Check: FSHQ Combo <input type="checkbox"/>	EM INTAKE ASSESSMENT UNIT <input type="checkbox"/>

FILING APPLICATION: If determined eligible, your medical coverage may begin on the date your application is received by the Med-QUEST eligibility office. If anyone in your household receives either Supplemental Security Income (SSI) or Social Security disability benefits or have reached age 65 and you are unable to complete the entire application, just complete your name and address on Page 2 and your signature on Page 3. The eligibility worker will help you complete the application during your interview. If you will be released shortly from a public institution, you must complete the application during your interview.

PLEASE PRINT CLEARLY

Please list all persons for whom you are applying for medical assistance.

YOUR NAME (LAST, FIRST, M.I.) 2. [REDACTED]	YOUR SOCIAL SECURITY NO. [REDACTED]	BIRTHDATE [REDACTED]	PHONE NO. [REDACTED]
SPOUSE'S NAME (LAST, FIRST, M.I.)	SPOUSE'S SOCIAL SECURITY NO.	BIRTHDATE	PHONE NO.
ADDRESS WHERE YOU LIVE (NO. STREET OR DIRECTIONS TO YOUR HOME) [REDACTED]		APT./SPACE NO.	CITY & STATE [REDACTED]
YOUR MAILING ADDRESS IF DIFFERENT FROM ABOVE (NO. STREET) 75 Aupuni St Rm 112		APT./SPACE NO.	CITY & STATE Hilo HI
IS ANYONE IN YOUR HOME PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE WHO NAME: [REDACTED]	WHEN IS THE CHILD(REN) DUE? DATE:	NO. OF CHILD(REN) EXPECTED?

3. HOUSEHOLD MEMBERS AND CITIZENSHIP DECLARATION STATEMENT:
 Each household member must certify under penalty of perjury that he/she is a U.S. citizen, U.S. national, or a permanent resident alien (unless applying for emergency medical coverage). An adult household member who is age 18 or older must sign this declaration statement (Section B). If anyone in the household is under age 18, the applicant must also sign on behalf of the other members (Section C). List the persons whom the household member is to be certified as a household member. If the spouse is in the household, list on line 2. List everyone else in the home. If anyone is pregnant, list the household member as "Expected Child" on the "Child" line as appropriate. Pregnancy or birth should be listed as "Expected Child" on the "Child" line as appropriate.

(SECTION A) NAME	RELATIONSHIP TO PERSON #1	BIRTHDATE (MO/DAY/YR)	SOCIAL SECURITY NUMBER (REQUIRED)	RACE	STATUS	DISABLED (YES/NO)	NAME OF TRUST (IF APPLICABLE)	NAME OF TAX DEPENDENT NOT LIVING AT HOME
1. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	NM	NO	SMITH TRUST	[REDACTED]
OTHER NAMES USED		AGE: [REDACTED]	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN	DATE OF ENTRY	<input type="checkbox"/> OTHER			
2. [REDACTED]		AGE: / /	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN	DATE OF ENTRY	<input type="checkbox"/> OTHER			
3. [REDACTED]		AGE: / /	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN	DATE OF ENTRY	<input type="checkbox"/> OTHER			
4. [REDACTED]		AGE: / /	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN	DATE OF ENTRY	<input type="checkbox"/> OTHER			
5. [REDACTED]		AGE: / /	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN	DATE OF ENTRY	<input type="checkbox"/> OTHER			
6. [REDACTED]		AGE: / /	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN	DATE OF ENTRY	<input type="checkbox"/> OTHER			

(Section B): SIGNATURE OF ADULT [REDACTED] DHS / SSA IV DATE: 4-27-98

(Section C) Write in names of other persons in your home who do not need help. Include yourself if you do not need help.

1.	AGE: / /						
2.	AGE: / /						
3.	AGE: / /						
4.	AGE: / /						

STATE OF HAWAII
Department of Human Services
Med-QUEST DIVISION

DHS-MedQUEST Division
EB-East Hawaii Section (556)
88 Kanoelehua Ave., Room 107
Hilo, HI 96720

APPLICATION FOR
MEDICAL ASSISTANCE Telephone No. (808) 933-2339

FOR OFFICIAL USE ONLY	
Case Name	DEPARTMENT OF HUMAN SERVICES SOCIAL SERVICES DIVISION
Section/Unit/IMW Code	Worker's Name
Date Signed Form Received:	APR 27 1998
EH INTAKE ASSESSMENT UNIT	
Check: FS/HQ Combo <input type="checkbox"/>	Medical Only <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
HILO, HAWAII 96720	

FILING APPLICATION: If determined eligible, your medical coverage may begin on the day your application is received by the Med-QUEST eligibility office. If anyone in your household receives either Supplemental Security Income (SSI) and/or Social Security disability benefits or have reached age 65 and you are unable to complete the entire application now, just complete your name and address on Page 1 and your signature on Page 3. The eligibility worker will help you complete the application during your interview. If you will be released shortly from a public institution, you may file an application.

PLEASE PRINT CLEARLY

YOUR NAME (LAST, FIRST, M.I.)				YOUR SOCIAL SECURITY NO.		BIRTHDATE		PHONE NO.			
2. [REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]			
SPOUSE'S NAME (LAST, FIRST, M.I.)				SPOUSE'S SOCIAL SECURITY NO.		BIRTHDATE		PHONE NO.			
[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]			
ADDRESS WHERE YOU LIVE (NO. STREET OR DIRECTIONS TO YOUR HOME)						APT./SPACE NO.		CITY & STATE		ZIP CODE	
[REDACTED]						[REDACTED]		[REDACTED]		[REDACTED]	
YOUR MAILING ADDRESS IF DIFFERENT FROM ABOVE (NO. STREET)						APT./SPACE NO.		CITY & STATE		ZIP CODE	
75 Aupuni St. Room 112						[REDACTED]		Hilo HI		96720	
IS ANYONE IN YOUR HOME PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, INDICATE WHO NAME:			WHEN IS THE CHILD(REN) DUE? DATE:			NO. OF CHILD(REN) EXPECTED?		

3. HOUSEHOLD MEMBERS AND CITIZENSHIP DECLARATION STATEMENT:
Each household member must certify under penalty of perjury that he/she is a U.S. citizen, U.S. national, or a permanent resident alien applying for emergency medical coverage. An adult household member who is age 18 or older must sign this declaration statement (Section B). If everyone in the household is under age 18, the applicant must also sign on behalf of the other members (Section B). List the person to whom the medical card and/or coupons are to be sent. If the spouse is in the household, list on line 2. List everyone else in the home. If anyone is pregnant, list the number of confirmed "child(ren) expected" as household member(s); for example, pregnancy of twins should be listed as "Expected Child #1" and "Expected Child #2".

(SECTION A): NAME (LAST, FIRST, M.I.)	SEX (M/F)	RELATIONSHIP TO PERSON #1	BIRTHDATE (MO/DAY/YR)	SOCIAL SECURITY NUMBER (REQUIRED)	RACE	MARITAL STATUS	DISABLED (YES/NO)	NAME OF CHILD'S (CURRENT/DECEASED) PARENT(S)	NAME OF TAX DEPENDENT NOT LIVING AT HOME
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	NM3	NO	Jillian Kern	[REDACTED]
OTHER NAMES USED			AGE:	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY		<input type="checkbox"/> OTHER
2. [REDACTED]			/ /						
OTHER NAMES USED			AGE:	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY		<input type="checkbox"/> OTHER
3. [REDACTED]			/ /						
OTHER NAMES USED			AGE:	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY		<input type="checkbox"/> OTHER
4. [REDACTED]			/ /						
OTHER NAMES USED			AGE:	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY		<input type="checkbox"/> OTHER
5. [REDACTED]			/ /						
OTHER NAMES USED			AGE:	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY		<input type="checkbox"/> OTHER
6. [REDACTED]			/ /						
OTHER NAMES USED			AGE:	CHECK ONE BLOCK <input type="checkbox"/> US or NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN			DATE OF ENTRY		<input type="checkbox"/> OTHER

(Section B): SIGNATURE OF ADULT [REDACTED] DHS/SSA IV DATE: 04-27-98

(Section C): Write in names of other persons in your home who do not need help. Include yourself if you do not need help.

1.			AGE:	/ /					
2.			AGE:	/ /					
3.			AGE:	/ /					
4.			AGE:	/ /					

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
FAMILY & ADULT SERVICES DIVISION

APPLICATION FOR CHILD SUPPORT ENFORCEMENT SERVICES

() IV-E () Non I

Unit/Worker Code

Worker Signature

Date

Case Number

FOR OFFICIAL USE ONLY

1. APPLICANT INFORMATION

Last Name Department of Human Services - Child Welfare Services First Maiden Social Security No.
 Birth date Birthplace 75 Aupuni Street Room 112 Relationship to Children
 Address Hilo, Hawaii 96720 Telephone No. 974-6565

2. INFORMATION ON ABSENT PARENT'S CHILDREN NEEDING ASSISTANCE

Child's Last Name	First	M.I.	Birth date	Social Security No.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

\$	From	To	Per
			\$
			\$

(X) Fee Exempt

3. PRESENT STATUS OF CHILDREN'S PARENTS TO EACH OTHER (Check one, complete all information)

Married on / / Place
 Divorced on / / Place Court Order No.
 Legally Separated () Not Married () Deceased () Other
 If not married, has paternity been established in court? () Yes () No Date / /
 Place Support Order No. Amount \$
 If separated, have you started divorce action? () Yes () No
 Are you or are you receiving direct support from the absent parent? () Yes () No
 Amount \$ () Court Ordered () Voluntary Date of last payment:

4. INFORMATION ON PARENT OF CHILD IN FOSTER HOME (Use separate form for each absent parent)

Last Name First M.I. Alias Social Security No.
 Birth date Birthplace Sex (If female, maiden name) Telephone No.
 Recent Address Date
 Last Known Employer and Address Telephone No. Date

Personal Occupation Medical Health Plan HMSA Make/Year of Car Vehicle License No.

Height Weight Color Hair Color Eyes Racial Background Attach latest photo of absent parent.

Military Service () Active () Separated () Retired Arrests: Type, Date, Place
 (Branch, Date)

Employment Compensation () Yes () No Where?
 Club Memberships (Unions, etc.)

Absent Parent on welfare? () Yes () No Where?

Names and Addresses of Absent Parent's Relatives and Friends. Indicate Relationship.
 Other (maiden name)

Other
 Other

Signed [REDACTED] Date 04-27-91

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
FAMILY & ADULT SERVICES DIVISION

APPLICATION FOR CHILD SUPPORT ENFORCEMENT SERVICES

() IV-E () Non IV-E

Unit/Worker Code

Worker Signature

Date

Case Number

APPLICANT INFORMATION

List Name First Maiden Social Security No.
Department of Human Services - Child Welfare Services
Birth date Birthplace Relationship to Children
75 Aupuni Street Room 112
Address Hilo, Hawaii 96720 Telephone No. 974-6565

SEE FOR OFFICIAL USE ONLY

INFORMATION ON ABSENT PARENT'S CHILDREN NEEDING ASSISTANCE

Child's Last Name First M.I. Birth date Social Security No.

\$ From To Per

- \$
- \$

(X) Fee Exempt

PRESENT STATUS OF CHILDREN'S PARENTS TO EACH OTHER (Check one, complete all information)

() Married on / / Place _____
() Divorced on / / Place _____ Court Order No. _____
() Legally Separated () Not Married () Deceased () Other
If not married, has paternity been established in court? () Yes () No Date / /
Place _____ Support Order No. _____ Amount \$ _____
If separated, have you started divorce action? () Yes () No

Are you or are you receiving direct support from the absent parent? () Yes () No
Amount \$ () Court Ordered () Voluntary Date of last payment: _____

INFORMATION ON PARENT OF CHILD IN FOSTER HOME (Use separate form for each absent parent)

Name First M.I. Alias
DEMA JAYLIN M
Birth date Birthplace Sex (If female, maiden name) Telephone No.
4-10-70 vdk. () M () F 934-0877
Recent Address 133 Puhili St Hilo HI 96720 Date 4-27-98
Known Employer and Address Telephone No. Date

Occupation Medical Health Plan Make/Year of Car Vehicle License No.

Height Weight Color Hair Color Eyes Racial Background Attach latest photo of absent parent.

Military Service () Active () Separated () Retired Arrests: Type, Date, Place

Employment Compensation () Yes () No Where? Group Memberships (Unions, etc.)

Absent Parent on welfare? () Yes () No Where?

Names and Addresses of Absent Parent's Relatives and Friends. Indicate Relationship.

Signature () Per

Signed _____ Date 4-27-98

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
FAMILY & ADULT SERVICES DIVISION

APPLICATION FOR CHILD SUPPORT ENFORCEMENT SERVICES

() IV-E () Non IV

Unit/Worker Code

Worker Signature

Date

Case Number

1. APPLICANT INFORMATION

Last Name First Maiden Social Security No.

Department of Human Services - Child Welfare Services

Birth date Birthplace Relationship to Children

75 Aupuni Street Room 112

Address Telephone No.

Hilo, Hawaii 96720

974-6565

2. INFORMATION ON ABSENT PARENT'S CHILDREN NEEDING ASSISTANCE

Child's Last Name First M.I. Birth date Social Security No.

\$ From To Per

- \$

- \$

(X) Fee Exempt

3. PRESENT STATUS OF CHILDREN'S PARENTS TO EACH OTHER (Check one, complete all information)

() Married on / / Place

() Divorced on / / Place Court Order No.

() Legally Separated () Not Married () Deceased () Other

If not married, has paternity been established in court? () Yes () No Date / /

Place Support Order No. Amount \$

If separated, have you started divorce action? () Yes () No

Are you or are you receiving direct support from the absent parent? () Yes () No

Amount \$ () Court Ordered () Voluntary Date of last payment:

4. INFORMATION ON PARENT OF CHILD IN FOSTER HOME (Use separate form for each absent parent)

Last Name M.I. Alias Social Security No.

Birth date Birthplace Sex (If female, maiden name) Telephone No.

Recent Address Date

Known Employer and Address Telephone No. Date

Usual Occupation Medical Health Plan Make/year of car Vehicle License No.

Height Weight Color Hair Color Eyes Racial Background Attach latest phot of absent parent.

Military Service () Active () Separated () Retired Arrests: Type, Date, Place

(Branch, Date)

Employment Compensation () Yes () No Where?

Group Memberships (Unions, etc.)

Is Absent Parent on welfare? () Yes () No Where?

Names and Addresses of Absent Parent's Relatives and Friends. Indicate Relationship.

Name (maiden name)

Address

City

Signed

Date 4-27-98

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
FAMILY & ADULT SERVICES DIVISION

APPLICATION FOR CHILD SUPPORT ENFORCEMENT SERVICES

() IV-E () Non IV

Unit/Worker Code

Worker Signature

Date

Case Number

FOR OFFICIAL USE ONLY

1. APPLICANT INFORMATION

Last Name First Maiden Social Security No.
 Department of Human Services - Child Welfare Services
 Birth date Birthplace Relationship to Children
 75 Aupuni Street Room 112
 Address Telephone No.
 Hilo, Hawaii 96720 974-6565

2. INFORMATION ON ABSENT PARENT'S CHILDREN NEEDING ASSISTANCE

Child's Last Name First M.I. Birth date Social Security No.

Child's Last Name	First	M.I.	Birth date	Social Security No.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

\$	From	To	Per
			\$
			\$

(X) Fee Exempt

3. PRESENT STATUS OF CHILDREN'S PARENTS TO EACH OTHER (Check one, complete all information)

() Married on / / Place
 () Divorced on / / Place Court Order No.
 () Legally Separated () Not Married () Deceased () Other
 Not married, has paternity been established in court? () Yes () No Date / /
 Place Support Order No. Amount \$
 Legally separated, have you started divorce action? () Yes () No
 Are you or are you receiving direct support from the absent parent? () Yes () No
 Amount \$ () Court Ordered () Voluntary Date of last payment:

4. INFORMATION ON PARENT OF CHILD IN FOSTER HOME (Use separate form for each absent parent)

Last Name First M.I. Alias Social Security No.
REMA JALLIN M
 Birth date Birthplace Sex (If female, maiden name) Telephone No.
4-10-70 () M () F 934-0872
 Recent Address Date
133 Puhili St Hilo HI 96720 4-27-98
 Known Employer and Address Telephone No. Date

Personal Occupation Medical Health Plan Make/Year of Car Vehicle License No.

Height Weight Color Hair Color Eyes Racial Background Attach latest photo of absent parent.

Military Service () Active () Separated () Retired () Other () None () Branch, Date) Arrests: Type, Date, Place

Employment Compensation () Yes () No Where?
 Club Memberships (Unions, etc.)

Absent Parent on welfare? () Yes () No Where?

Name and Addresses of Absent Parent's Relatives and Friends. Indicate Relationship.
 Name (maiden name)

Signature
 Date

Signed Date 4-27-98

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
FAMILY & ADULT SERVICES DIVISION

APPLICATION FOR CHILD SUPPORT ENFORCEMENT SERVICES

() IV-E () Non I

Unit/Worker Code

Worker Signature

Date

Case Number

FOR OFFICIAL USE ONLY

1. APPLICANT INFORMATION

Last Name First Maiden Social Security No.
Department of Human Services - Child Welfare Services
Birth date Birthplace Relationship to Children
75 Aupuni Street Room 112
Address Hilo, Hawaii 96720 Telephone No. 974-6565

2. INFORMATION ON ABSENT PARENT'S CHILDREN NEEDING ASSISTANCE

Child's Last Name First M.I. Birth date Social Security No.

\$	From	To	Per
	-		\$
	-		\$

(X) Fee Exempt

3. PRESENT STATUS OF CHILDREN'S PARENTS TO EACH OTHER (Check one, complete all information)

() Married on / / Place
 () Divorced on / / Place Court Order No.
 () Legally Separated () Not Married () Deceased () Other
 If not married, has paternity been established in court? () Yes () No Date / /
 Place Support Order No. Amount \$
 If separated, have you started divorce action? () Yes () No
 Are you or are you receiving direct support from the absent parent? () Yes () No
 Amount \$ () Court Ordered () Voluntary Date of last payment:

4. INFORMATION ON PARENT OF CHILD IN FOSTER HOME (Use separate form for each absent parent)

Last Name First M.I. Alias Social Security No.
REMA Peter Sr.
 Birth date Birthplace Sex (If female, maiden name) Telephone No.
8-17-70 UNKNOWN (M) (F) 934-0872
 Recent Address 133 Pohihi St Hilo HI 96720 Date 4-27-98
 Last Known Employer and Address Telephone No. Date

Current Occupation unknown Medical Health Plan Make/Year of Car Vehicle License No.

Height Weight Color Hair Color Eyes Racial Background Hawon. Attach latest photo of absent parent.

Military Service () Active () Separated () Retired Arrests: Type, Date, Place

Employment Compensation () Yes () No Where?
 Group Memberships (Unions, etc.)

Is Absent Parent on welfare? () Yes () No Where? Hilo

Names and Addresses of Absent Parent's Relatives and Friends. Indicate Relationship.

Other
 Other

Signed Date 04-27-98

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
FAMILY & ADULT SERVICES DIVISION

APPLICATION FOR CHILD SUPPORT ENFORCEMENT SERVICES

() IV-E () Non IV-

Unit/Worker Code

Worker Signature

Date

Case Number

I. APPLICANT INFORMATION

Last Name DHS First _____ Maiden CWS Social Security No. _____

Birth date _____ Birthplace _____ Relationship to Children _____

Address 79 Aupuni St Hilo HI 96720 (RM112) Telephone No. 974-6565

II. INFORMATION ON ABSENT PARENT'S CHILDREN NEEDING ASSISTANCE

Child's Last Name _____ First _____ M.I. _____ Birth date _____ Social Security No. _____

Child's Last Name	First	M.I.	Birth date	Social Security No.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

\$ _____
From _____ To _____ Per _____

\$ _____
\$ _____

(X) Fee Exempt

III. PRESENT STATUS OF CHILDREN'S PARENTS TO EACH OTHER (Check one, complete all information)

Married on 1/1 Place _____

Divorced on 1/1 Place _____ Court Order No. _____

Legally Separated () Not Married () Deceased () Other

If not married, has paternity been established in court? () Yes () No Date 1/1

Place _____ Support Order No. _____ Amount \$ _____

If separated, have you started divorce action? () Yes () No

Have you or are you receiving direct support from the absent parent? () Yes () No

Amount \$ _____ () Court Ordered () Voluntary Date of last payment: _____

V. INFORMATION ON PARENT OF CHILD IN FOSTER HOME (Use separate form for each absent parent)

Last Name KEMA First Jallin M. M.I. _____ Alias _____ Social Security _____

Birth date 4-10-70 Birthplace UNK Sex (If female, maiden name) (VM) (F) Telephone No. 934-0872

Most Recent Address 133 Puhihi St Hilo HI 96720 Date 4-27-98

Most Known Employer and Address _____ Telephone No. _____ Date _____

Usual Occupation UNK Medical Health Plan _____ Make/Year of Car _____ Vehicle License # _____

Height _____ Weight _____ Color Hair _____ Color Eyes _____ Racial Background _____ Attach latest photo of absent parent.

Military Service () Active () Separated () Retired Arrests: Type, Date, Place _____

Employment Compensation () Yes () No Where? _____

Group Memberships (Unions, etc.) _____

Is Absent Parent on welfare? (X) Yes () No Where? Hilo

Names and Addresses of Absent Parent's Relatives and Friends. Indicate Relationship. _____

Other (maiden name) _____

Other _____

Signed _____ Date 4-27-98

see FOR OFFICIAL USE ONLY

INITIAL NOTICE OF REQUIREMENT TO COOPERATE AND RIGHT TO CLAIM GOOD CAUSE
FOR REFUSAL TO COOPERATE IN CHILD SUPPORT ENFORCEMENT

BENEFITS OF CHILD SUPPORT ENFORCEMENT

Your cooperation in getting child support and medical support from the absent parent may be important to you and your child because it might result in the following benefits:

1. Finding the absent parent;
2. Legally establishing your child's paternity;
3. The possibility that support payments might be higher than your welfare grant;
4. The possibility that you and your children may obtain rights to future Social Security, veterans or other government benefits.
5. The possibility of medical coverage for your children from the absent parent.

WHAT IS MEANT BY COOPERATION?

The law requires you to cooperate with the Income Maintenance and Child Support Enforcement Units to get any support owed to you and any of the children for whom you want financial assistance and Medicaid, unless you have good cause for not cooperating.

In cooperating with the Income Maintenance or Child Support Enforcement Units, you may be asked to do one or more of the following things:

1. Name the parent of any child applying for or receiving financial assistance and Medicaid, and give information you have to help find the parent;
2. Help determine legally who the father is if your child was born out of wedlock;
3. Give help to obtain money and medical coverage owed to you or the children receiving financial assistance and Medicaid; and
4. Pay to the Department any money which is given directly to you by the absent parent (you will continue to get your full financial grant from the Department).

You may be required to come to the Income Maintenance office, Child Support Enforcement office, or the law enforcement agencies and courts to sign papers or give necessary information.

INITIAL NOTICE OF REQUIREMENT TO COOPERATE AND RIGHT TO CLAIM GOOD
CAUSE FOR REFUSAL TO COOPERATE IN OBTAINING THIRD PARTY PAYMENTS

BENEFITS OF THIRD PARTY PAYMENTS

Your cooperation in obtaining third party payments may be important to you and your child because it might result in the following benefits:

1. Broader medical coverage;
 - a. payment for services not covered by Medicaid, and
 - b. payments to a non-Medicaid provider.
2. Possibility of medical support for you and your children;
3. Establishing third party coverage in the event that you terminate Medicaid coverage.

WHAT IS MEANT BY COOPERATION?

The law requires you to cooperate with the Income Maintenance units to obtain and assign any third party payment owed to you and any of the children for whom you want financial assistance and Medicaid unless you have a good reason for not cooperating.

In cooperating with the Income Maintenance units you may be asked to do one or more of the following things:

1. Identify any third party who may be liable for services covered under the Medicaid program;
2. Provide relevant information or attest to the lack of information, under penalty of perjury, to assist the department in pursuing any such potentially liable third party;
3. Appear at department designated location to provide information or evidence relevant to the case;
4. Appear as a witness at a court or other proceeding;
5. Pay to the department any support or medical care funds received that are covered by the assignment of rights; and
6. Take any other reasonable steps to assist in securing medical support and payments.

You may be required to come to the Income Maintenance units to sign papers or give necessary information.

FAX COVER

April 24, 1998

To: [REDACTED]
Your Fax No.: [REDACTED] Your Phone No. [REDACTED]

From: [REDACTED]
Hm. Phone No.: [REDACTED]
Wk. Phone No.: [REDACTED]

Re: [REDACTED] medical card

Dear [REDACTED]

Per your request regarding the phone conversation today (4/24/98), please see copy of my medical plan which includes [REDACTED]. Should you have any questions please contact me at the numbers listed above.

Thank you for assistance.

Sincerely,
[REDACTED]

cc: Nathan Brenner/Atty.

at

Fax

To: [REDACTED] From: [REDACTED]
Fax: [REDACTED] Pages: 2
Phone: [REDACTED] Date: April 23/98
Re: Psychiatric Evaluations of
Peter Kame Sr. & Taylor Kame
 Urgent For Review Please Comment Please Reply Please Recycle

• **WARNING:** This message is intended only for the use of the individual to which it is addressed and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error please notify us immediately by telephone, and return the original to us at the above address.

This evaluation with Dr. Henry Yang will provide a very suitable, informative evaluation at the lower cost. Privacy from individuals, not directly involved in case, will be assured. If it is possible, can ~~the~~ payment be for the Kame Psychiatric Evaluations? Thank you / inshAllah [REDACTED]

your no

Dr Dennis has
4 hrs + 2 hr. + report = \$
at 150/45 min. → 799.^{20.}

1st Choice

**

Dr. Dennis Yang - Laguna Ctr.
150. / 45 min.

* per hrb: 45 min each x (2) 4 hrs. or total
+ free review
(~~per hrb~~ interview + lab. + report.

QUOTE:

600. - + Trip = 624.

* hyper + primary.

DOH / mental.
Screening → psychiatrist.
may or may not.

FAX: 974-6575

PHONE CALL

FOR [REDACTED] DATE 8/27/97 TIME 11:40 AM P.M.

M. [REDACTED]

OF [REDACTED]

PHONE [REDACTED] AREA CODE [REDACTED] NUMBER [REDACTED] EXTENSION [REDACTED]

FAX# [REDACTED]

MESSAGE [REDACTED]

SIGNED [REDACTED]

TELEPHONED

RETURNED YOUR CALL

PLEASE CALL

WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

Adonis SC 1154

PHONE CALL

FOR [REDACTED] DATE 8/27/97 TIME 1:50 AM P.M.

M. [REDACTED]

OF [REDACTED]

PHONE [REDACTED] AREA CODE [REDACTED] NUMBER [REDACTED] EXTENSION [REDACTED]

FAX# [REDACTED]

MESSAGE [REDACTED]

SIGNED [REDACTED]

TELEPHONED

RETURNED YOUR CALL

PLEASE CALL

WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

Adonis SC 1154

PHONE CALL

FOR LN DATE 9/21/97 TIME 1:55 AM P.M.

M. Leend

OF [REDACTED]

PHONE [REDACTED] AREA CODE [REDACTED] NUMBER [REDACTED] EXTENSION [REDACTED]

FAX# [REDACTED]

MESSAGE [REDACTED]

SIGNED [REDACTED]

TELEPHONED

RETURNED YOUR CALL

PLEASE CALL

WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

Adonis SC 1154

PHONE CALL

FOR [REDACTED] DATE 8/21 TIME 2:15 AM P.M.

M. Mike [REDACTED]

OF [REDACTED]

PHONE [REDACTED] AREA CODE [REDACTED] NUMBER [REDACTED] EXTENSION [REDACTED]

FAX# [REDACTED]

MESSAGE [REDACTED]

SIGNED [REDACTED]

TELEPHONED

RETURNED YOUR CALL

PLEASE CALL

WILL CALL AGAIN

CAME TO SEE YOU

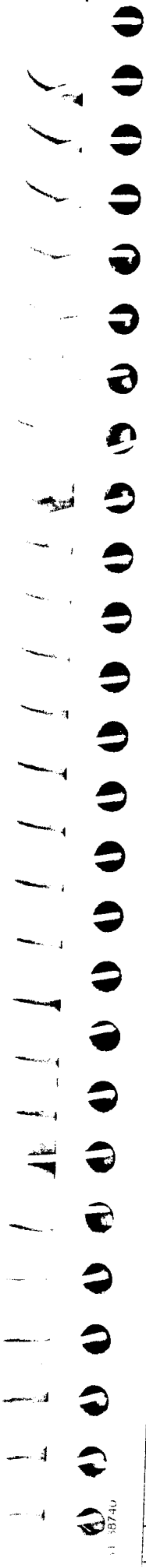
WANTS TO SEE YOU

Adonis SC 1154

This one not in logs



SW can record



Feb 1998
 messages —
 this one not
 in logs

PHONE CALL

FOR [REDACTED] DATE 2/23 TIME 11:05 A.M.
 M [REDACTED] (P.O. #)
 OF [REDACTED]
 PHONE FAX MOBILE [REDACTED]
 MESSAGE [REDACTED] PLEASE CALL
 WILL CALL AGAIN
 CAME TO SEE YOU
 WANTS TO SEE YOU
 SIGNED [Signature] SECOND NATURE RECYCLED **Tops** FORM 3483C

PHONE CALL

FOR [REDACTED] DATE [REDACTED] TIME [REDACTED] P.M.
 M [REDACTED]
 OF [REDACTED]
 PHONE FAX MOBILE [REDACTED]
 MESSAGE [REDACTED] PLEASE CALL
 WILL CALL AGAIN
 CAME TO SEE YOU
 WANTS TO SEE YOU
 SIGNED [Signature] SECOND NATURE RECYCLED **Tops** FORM 3483C

PHONE CALL

FOR [REDACTED] DATE 2/24 TIME 12:16 P.M.
 M [REDACTED]
 OF CWS
 PHONE FAX MOBILE [REDACTED]
 MESSAGE Re: Kagra Leckward PLEASE CALL
 WILL CALL AGAIN
 CAME TO SEE YOU
 WANTS TO SEE YOU
 SIGNED [Signature] SECOND NATURE RECYCLED **Tops** FORM 3483C

PHONE CALL

FOR [REDACTED] DATE 2/24 TIME 12:25 P.M.
 M Melissa Watson
 OF [REDACTED]
 PHONE FAX MOBILE 968 6425
 MESSAGE [REDACTED] PLEASE CALL
 WILL CALL AGAIN
 CAME TO SEE YOU
 WANTS TO SEE YOU
 SIGNED [Signature] SECOND NATURE RECYCLED **Tops** FORM 3483C

Fax

To: Capt. Morty Carter
Lt. Nakamichi From: [REDACTED]

Fax: 961-2376 Pages: 2

Phone: _____ Date: 4/28/98

Re: Removal of [REDACTED] / Kema children (draft)

Urgent For Review Please Comment Please Reply Please Recycle

● **WARNING:** This message is intended only for the use of the individual to which it is addressed and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error please notify us immediately by telephone, and return the original to us at the above address.

Pls. review & comment
on this draft

BENJAMIN J. CAYETANO
GOVERNOR



* Draft submitted to
Judge Gaddis 04/17/98
by Aley ~~Anna~~
MARGERY S. BRONSTER
ATTORNEY GENERAL

STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
FAMILY LAW DIVISION - HILO OFFICE
101 AUPUNI STREET, SUITE PH1014-A
HILO, HAWAII 96720-4246
TELEPHONE: (808) 933-8883 • FAX: (808) 933-8887

JOHN W. ANDERSON
FIRST DEPUTY ATTORNEY GENERAL

FAX TRANSMITTAL

DATE: April 17, 1998

TO: The Honorable Ben H. Gaddis /
Steven D. Strauss, Esq. [REDACTED] HS

FAX NO. Craig Sadamoto, Esq.
Edith Kawai, Esq.

FROM: Aley K. Anna, Jr.
Deputy Attorney General

FAX NO. 933-8887

IF ANY TRANSMISSION PROBLEMS

CONTACT: Maivene PH. #: 933-8883

2 PAGE(S) TO FOLLOW

DHS' Proposed Amendments I

WARNING:

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original to us at the above address via the U.S. postal service. Thank you.

COURT RELEASE RE:
MISSING CHILD: PETER KEMA, JR.

Peter Kema, Jr. is the seven (7) year-old son of Peter Kema, Sr. and Jaylin Kema. Peter Kema, Jr. is the subject of a missing child investigation. He is also the subject of an open child protective matter originating on the Big Island. Peter Kema, Jr. was the subject of a prior child protective matter which was open from May 1991 until October 1995, when the matter was closed. The prior matter involved physical injuries to this young man when he was four months old. The injuries included a spiral fracture to the left leg. X-ray evidence also confirmed other old healed fractures.

In April 1997, a report was made to The Department of Human Services, Child Protective Services, that Peter Kema, Jr. may have a broken arm. Subsequent investigation could not confirm this because the whereabouts of Peter, Jr., was unknown. A missing persons report was then made.

Peter Kema, Jr. has not been seen by maternal relatives since December 1996. This child's father reports that his son was with him on Oahu in August 1997, although it may have been as early as April or May 1997. Further, Mr. Kema has also reported that he gave custody of his son to a Rose Makuakane, a woman he referred to as "Aunty Rose". Mr. Kema and his son were staying at A'ala Park while on Oahu. Mr. Kema had apparently known Rose Makuakane for a period of two weeks before he gave custody of his son to her. Mrs. Kema does not know Rose Makuakane. Mrs. Kema believed that her husband had left Peter, Jr. with a relative but was not aware that

the child had been left with someone she did not know. Mrs. Kema was not aware that Mr. Kema had given "custody" of their son to Rose Makuakane until January 20, 1998. Mrs. Kema did not give custody of her son to Rose Makuakane.

There have been a ^{series of reports made to Hilo Police} ~~number of different stories made~~ regarding the whereabouts of this child who remains missing since approximately April or May 1997. He is reported to be with Rose Makuakane, who may either be living on Oahu, or, who may have relocated to a beach in Florida. It was stated that the child had been enrolled in a private school on Oahu. It was stated that the child was on vacation on Oahu. Relatives had heard that the child was staying with a maternal uncle on Oahu. It was reported that the child was living in Kona with a paternal aunt and attending school there. However, there is no known record of Peter, Jr. being registered in any public school within the State of Hawaii.

All reports regarding the disappearance and whereabouts of Peter Kema, Jr. have been followed up without success. Police have been unable to locate a Rose Makuakane. The parents do not know how to contact Rose Makuakane and they are not able to locate their son. Peter Kema, Jr. remains missing.

Hilo police requests the public's assistance for information regarding the whereabouts of Peter Kema, Jr. or Rose Makuakane. Please contact Detective Glenn Nojiri of the Hawaii County Police Department: 961-2327 (Hilo); or Crime Stoppers: 961-8300 (Hilo); or The Missing Persons Unit of the Honolulu Police Department: 529-3394 or 529-3115 (Oahu).

Post-it* Fax Note	7671	4.17.98	# of pages 2
To	[Redacted]	From	Alex K. Kurat
Co.	[Redacted]	Co.	FLD - Hilo
Phone #	[Redacted]	Phone #	933-8853
Fax #	[Redacted]	Fax #	933-8887

(*) Draft written by Edith Kawai 04/16/98

P. 1

never listed in past 2 years. Makuakane.

PROPOSED COURT RELEASE

MISSING CHILD: PETER KEMA, JR.

Peter Kema, Jr. is the seven year old son of Peter Kema, Sr. and Jaylin Kema. Peter Kema, Jr. is the subject of a missing child investigation. He is also the subject of an open Child Protective matter originating on the Big Island. Peter Kema, Jr. was the subject of a prior Child Protective matter which was open from 5/8/91 until 10/31/95, when the matter was closed. The prior matter involved physical injuries to this young man when he was four months old. The injuries included a spiral fracture to the left leg. X-ray evidence confirmed other old healed fractures.

Someone ~~reported~~ *reported* that they thought Peter's arm was broken because he wore long sleeved shirts all the time. The Department of Human Services, Child Protective Services, received a report in April 1997 that Peter Kema, Jr. had suffered a broken arm and a black eye. Inquiries relating to this reported injury led to concerns regarding the whereabouts of this child. *We referred to police by maternal relatives Dec. 1996*

who reported?

could not be carried out because the child could not be found

Peter Kema, Jr. has not been seen since Dec. 1996. This child's father reports that his son was with him on Oahu in August of 1997, although it may have been as early as April or May of 1997. Further, Peter Kema, Sr. has also reported that he gave custody of his son to a Rose Makuakane, a woman he referred to as "Aunty Rose". Mr. Kema and his son were staying at A'ala Park while on Oahu. Mr. Kema had apparently known Rose Makuakane for a period of two weeks only before he gave custody of his son to her. Mrs. Kema does not know Rose Makuakane. Mrs. Kema believed that her husband had left Peter, Jr. with a relative but was not aware that the child had been left with someone she did not know. Mrs. Kema was not aware that Mr. Kema had given "custody" of their son to Rose Makuakane until January 20, 1998. Mrs. Kema did not give custody of her son to Rose Makuakane.

• **→** There is a series of possible stories regarding the whereabouts of this child who remains missing since approximately April or May 1997. He is reported to be with Rose Makuakane, who may either be living on Oahu, or, who may have relocated to a beach in

reports made to Hilo Police

(last in school) date

Florida. It was stated that the child had been enrolled in a private school on Oahu. It was stated that the child was on vacation on Oahu. Relatives had heard that the child was staying with a maternal uncle on Oahu. It was reported that the child was living in Kona with a paternal aunt and attending school there. ^{Kona.} However, there is no ~~recrd~~ record of his being registered in any public school within the State. Maternal relatives last saw this child in December 1996.

All reports regarding the disappearance and whereabouts of Peter Kema, Jr have been followed up without success.

Police have been unable to locate a Rose Makuakane. The parents do not know how to contact Rose Makuakane and they are not able to locate their son. Child Protective representatives have ~~asked~~ ^{been unable} this young man's parents to provide contact information for the child and also to bring the child to the DHS offices on several occasions. The parents have not brought the child to meetings and the child has not been present on visits to the home. Peter Kema, Jr. remains missing.

Hilo Police Inquiry for PK Jr. Believe by Rose M.

If you or someone you know has information regarding the whereabouts of Peter Kema, Jr or Rose Makuakane, please contact ~~the Department of Human Services on the Big Island at 933-0350.~~ ^{Hilo Police} ~~Confidential reports are accepted~~

Detective Glen Nojiri of the Hilo Police at 961-2327 or ~~your~~ local police department.

of his being registered in any

EAST HAWAII INTAKE/ASSESSMENT UNIT
120 Pauahi St., Ste. 210, Hilo, HI 96720
Telephone: [REDACTED]

**DEPARTMENT OF
HUMAN SERVICES**

Fax

To: [REDACTED] From: [REDACTED]
Fax: [REDACTED] Pages: 3
Phone: [REDACTED] Date: 04/17/98
Re: Peter Kema Jr. Court Press Release

Urgent For Review Please Comment Please Reply Please Recycle

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[REDACTED] Please call me at [REDACTED] ASAP.
I faxed the same release to [REDACTED] for her review.

"Transmitted ok"
at 2:30
[REDACTED]

EAST HAWAII INTAKE/ASSESSMENT UNIT
120 Pauahi St., Ste. 210, Hilo, HI 96720
Telephone: ([REDACTED])

**DEPARTMENT OF
HUMAN SERVICES**

Fax

To: [REDACTED] From: [REDACTED]
Fax: [REDACTED] Pages: 3
Phone: [REDACTED] Date: 04/17/98

Re: Peter Kema Jr. Proposed Court Release

- Urgent For Review Please Comment Please Reply Please Recycle

● **WARNING:** This message is intended only for the use of the individual to which it is addressed and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error please notify us immediately by telephone, and return the original to us at the above address.

APR 27 1998

RETURN TO:
CHILDREN'S ADVOCACY CENTER OF EAST HAWAI'I
1290 Kinole Street
Hilo HI 96720

EH INTAKE/ASSESSMENT UNIT
HI 96720

Child's Name _____
Mother's Name _____
CAC-EH # 98-0070 CPS # _____
Social Worker _____

*Interviewed at CAC w/Det. Randall Medeiros
on 4/24/98.

DHS STATUS AND DISPOSITION

Sexual abuse investigation:

Confirmed Unconfirmed Unsubstantiated

Action taken: Circle appropriate letter(s) and date of actions:

- | | | | |
|----|--|------|----------------------------------|
| A. | No action taken, awaiting further investigation | DATE | |
| B. | Case closed after investigation | | <u>na</u> |
| C. | Voluntary services | | <u>na</u> |
| D. | Family/Victim refused services | | <u>na</u> |
| E. | Family Court petition filed (current invest.) | | <u>na</u> |
| F. | Case transferred to _____ | | <u>3/10/98</u> in (early report) |
| G. | Case closed - Services completed | | <u>to be transferred</u> |
| H. | Child removed from home | | <u>removed 4/22/98</u> |
| | <input type="checkbox"/> Investigation Only <input type="checkbox"/> Longer Term Placement | | <u>removed report</u> |

Placement location: check

- | | |
|--|---|
| <input type="checkbox"/> Relative | <input type="checkbox"/> Family Friend/neighbor |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Foster Home |
| <input type="checkbox"/> Other _____ | |

I. Other Report from Medical Doctor on 4/23/98
Unconfirmed by Nurse (SANE) on 4/24/98.

FAMILY COURT PROCEEDINGS

Jurisdiction granted for current case investigation (Chapter 587): Yes No

Allegation related to divorce/custody proceeding: Yes No

TREATMENT AVAILABILITY check all that apply and who it applies to:

c = child, n = non-offending parent o = offender s = sibling

- Participating in Child & Family Service: Group/ Individual
- Wait listed for Child & Family Service
- Participating with private therapist
- Lack of available/appropriate treatment because _____

Other Family parent stated working with
CPS on 127 April 98; Greg B. DHS
consulted from early report

CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

I, Jaylen Acol Kemo (1) Name of applicant/recipient/legal guardian
Hilo Medical Center (2) Individual/agency or organization to give

on page 28/54
(4) forms
given to
Jaylen Kemo
Director
since 2/1/98

in their records about me and/or my family and/or my ward [check as appropriate] to the DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION.

for mother
JAYLEN ACOL KEMO

The information to be reviewed/released is limited to the following:

(3) have birth and record of
has carried pregnancies, still born
or deaths of infants.

This information is to be used for DHS Assessment for (4) State purpose
services

(3) Check one of the following:

This consent is good until July 28/98 (not to exceed 90 days from date signed); OR
(5) month/day/year

[] FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date on which I sign this consent.

I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:

1. _____

X _____ (7) Signature of applicant/recipient/legal guardian X _____ Date

Y _____ (8) Address of applicant/recipient X _____ Social Security No. or Birthdate of Applicant/Recipient

Complete two (2) copies:
Original - Individual/agency, Copy - Case record

CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

I, Jaylan Acsel Kama, Jr. ^{dob} Peter Kama, Jr. ^{dob} hereby give my permission to

John Bellatti, MD to give the following information

Central Kona Center Bldg 5 - Suite C. - (P.O. Box 248 Kealahou, HI 96750)
in their records about me and/or my family and/or my ward [check as appropriate] to the DEPARTMENT OF

HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION. Peter Kama, Jr. ^{dob} May 1/91

The information to be reviewed/released is limited to the following: [Redacted]

(3) referral date; Diagnosis; Type of injury; Cause of injury; Treatment; Follow-up by caretakers for the child (rev)

This information is to be used for DHS Assessment (4) State purpose
and service recommendations

(5) Check one of the following:
 This consent is good until July 28/98 (not to exceed 90 days from date signed); OR
(6) month/day/year

() FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:
I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date on which I sign this consent.

I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:

1. _____

X _____ X
(7) Signature of applicant/recipient/legal guardian Date

X _____ X
(8) Address of applicant/recipient Social Security No. or Birthdate of Applicant/Recipient

CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

I, Taylor Acot Kenna ^{dybb} hereby give my permission to

(1) Name of applicant/recipient/legal guardian

HHS Medical Center to give the following information

(2) Individual/agency or organization

in their records about me and/or my family and/or my ward [check as appropriate] to the DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION. Peter Kenna, Jr.

done May 1/91

The information to be reviewed/released is limited to the following:

(3) Inquiry hospitalized illnesses both on inpatient programs, and treatment of each incident, Discharge summaries for each admission.

This information is to be used for DHS Assessment

(4) State purpose

and service recommendations

(5) Check one of the following:

This consent is good until July 28/98 (not to exceed 90 days from date signed); OR

(6) month/day/year

FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date on which I sign this consent.

I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:

1. _____

X _____ X
(7) Signature of applicant/recipient/legal guardian Date

Y _____ Y
(8) Address of applicant/recipient Social Security No. or Birthdate of Applicant/Recipient

CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

I, Jaylin Acol Kenna ^{DOB} hereby give my permission to Kapulewai Medical Center for Women & Children
(1) Name of applicant/recipient/legal guardian
(2) Individual/agency or organization to give the following information

in their records about me and/or my family and/or my ward [check as appropriate] to the DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION.

The information to be reviewed/released is limited to the following:

(3) Diagnosis at emergency room or admission and discharge. Discharge summary of each admission.

This information is to be used for DHS Assessment for
(4) State purpose
and services

(5) Check one of the following:

This consent is good until July 28/98 (not to exceed 90 days from date signed); OR
(6) month/day/year

[] FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date on which I sign this consent.

I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:

1. _____

X _____
(7) Signature of applicant/recipient/legal guardian Date

X _____
(8) Address of applicant/recipient Social Security No. or Birthdate of Applicant/Recipient

Complete two (2) copies:
Original - Individual/agency, Copy - Case record



An Independent Licensee of the Blue Cross and Blue Shield Association

ISSUE DATE 01/27/98

MEMBER NBR W90739-4
NAME KEMA, JAYLIN M
NETWORK BAY CLINIC INC
PCP THE BAY CLINIC INC
PCD EMERGENCY DENTAL ONLY
TPL1
TPL2

BIRTH DATE 04/10/70
SEX F
PCP/PCD EFF BENEFITS:
06/16/97 MEDICAL
02/01/96 ER DNTL
SEE BACK OF CARD

** SEE BELOW FOR OTHER FAMILY MEMBERS **

MEMBER NBR W69487-7
NAME KEMA, PETER SR
PCP KELVIN DEGINDER MD
PCD EMERGENCY DENTAL ONLY
TPL1
TPL2

BIRTH DATE 08/17/70
SEX M
PCP/PCD EFF BENEFITS:
02/01/98 MEDICAL
02/01/96 ER DNTL
SEE BACK OF CARD

MEMBER NBR W90741-0
NAME [REDACTED]
NETWORK BAY CLINIC INC
PCP THE BAY CLINIC INC
PCD HILO FAMILY DENTAL
TPL1
TPL2

BIRTH DATE [REDACTED]
SEX [REDACTED]
PCP/PCD EFF BENEFITS:
07/01/95 MEDICAL
03/01/97 DENTAL
EPSDT ELIGIBLE

DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

APR 23 1998

EH INTAKE/ASSESSMENT UNIT
HILO, HI 96720



An Independent Licensee of the Blue Cross and Blue Shield Association

ISSUE DATE 01/28/98

MEMBER NBR W144771-9
NAME [REDACTED]
NETWORK BAY CLINIC INC
PCP THE BAY CLINIC INC
PCD HILO FAMILY DENTAL
TPL1
TPL2

BIRTH DATE [REDACTED]
SEX [REDACTED]
PCP/PCD EFF BENEFITS:
07/01/95 MEDICAL
03/01/97 DENTAL
EPSDT ELIGIBLE

** SEE BELOW FOR OTHER FAMILY MEMBERS **

MEMBER NBR W330265-0
NAME [REDACTED]
NETWORK BAY CLINIC INC
PCP THE BAY CLINIC INC
PCD HILO FAMILY DENTAL
TPL1
TPL2

BIRTH DATE [REDACTED]
SEX [REDACTED]
PCP/PCD EFF BENEFITS:
11/25/94 MEDICAL
03/01/97 DENTAL
EPSDT ELIGIBLE

APR 27 1998

RETURN TO:
CHILDREN'S ADVOCACY CENTER OF EAST HAWAI'I
1290 Kinohiwa Street
Hilo HI 96720

EH INTAKE/ASSESSMENT UNIT
Hilo HI 96720

Child's Name _____
Mother's Name _____
CAC-EH # 98-0070 CPS # _____
Social Worker _____

*Interviewed at CAC w/Det. Randall Medeiros
on 4/24/98.

DHS STATUS AND DISPOSITION

Sexual abuse investigation:

[] Confirmed [X] Unconfirmed [] Unsubstantiated

Action taken: Circle appropriate letter(s) and date of actions:

- | | | | |
|----|--|---------|----------------------------------|
| A. | No action taken, awaiting further investigation | DATE | _____ |
| B. | Case closed after investigation | _____ | _____ |
| C. | Voluntary services | _____ | _____ |
| D. | Family/Victim refused services | _____ | _____ |
| E. | Family Court petition filed (current invest.) | _____ | _____ |
| F. | Case transferred to _____ | 3/10/98 | to be transferred (cust) (regro) |
| G. | Case closed - Services completed | _____ | _____ |
| H. | Child removed from home | _____ | _____ |
| | [] Investigation Only [] Longer Term Placement | _____ | removed 4/22/98 |

Placement location: check

- | | | | |
|-----|-------------------|-----|------------------------|
| ___ | Relative | ___ | Family Friend/neighbor |
| ___ | Emergency Shelter | ___ | Foster Home |
| ___ | Other _____ | | |

I. Other Report from Medical Doctor on 4/23/98
Unconfirmed by Nurse (JANE) on 4/24/98.

FAMILY COURT PROCEEDINGS

Jurisdiction granted for current case investigation (Chapter 587): [] Yes [X] No

Allegation related to divorce/custody proceeding: [] Yes [X] No

TREATMENT AVAILABILITY check all that apply and who it applies to:

c = child, n = non-offending parent o = offender s = sibling

- Participating in Child & Family Service: Group/ Individual
- Wait listed for Child & Family Service
- Participating with private therapist
- Lack of available/appropriate treatment because _____

X Other Family & parent stated workers will
CPS on 12 April 98: Greg B. DHS

DAILY ACTIVITY REPORT

Shift: 7:45AM 4:30PM

Date: 4/22/98

CLIENT: PETER KEMA SR.

SYNOPSIS

While standing and guarding MR. KEMA SR., he requested ^{that} he would like to go out of the holding room for clients and go outside to smoke a cigarette. My reply was, that he would have to wait until the interview with the SW [REDACTED] and police officers are over, which he agreed to it. But while sitting MR. KEMA were mouthing off about (CPS) ARE WRONG IN COMING INTO HIS HOME AND DOING THINGS THAT ARE NOT THEIR BUSINESS ASKING ABOUT HIS SON (PETER BOY) I ASK HIM WHAT ARE YOU AFRAID OF? IS THE BOY DEAD? ARE YOU HIDING THE BOY? ^{AT THIS} POINT HE ASSURED ME THAT THE BOY IS NOT DEAD, AND THAT BECAUSE THE BOY WHEN HE WAS REMOVE ON THE LAST CPS CASE, AND WHEN HE CAME BACK INTO THEIR HOME, HE WASNT USED TOO, AND HE AND HIS WIFE HAD CONFLICTING OPINION BECAUSE PETER BOY WERENT CALLING HE AND HIS WIFE MOM OR DAD SO HE TOOK ~~THE~~ PETER BOY TO LIVE WITH HIS AUNT, WITH AN AGREEMENT THAT SHE TAKE GOOD CARE OF HIM. AT THIS POINT I TOLD PETER SR. THAT [REDACTED] AND THE POLICE ARE ONLY INTERESTED IN PETER BOYS SAFETY, AND YOU THE DAD SHOULD TELL THEM WHERE ~~THE~~ PETER BOY IS, OTHERWISE YOU WILL BE SPENDING SOME TIME IN JAIL.

Officer: P. Trajon 3PM. Complete

9/11/97

To Whom it may concern

I Peter Kema Sr. do give up all parental Rights for my son Peter Kema Jr. to my auncy Rose Makua Kane. I am seeking the best care for my son at this time. I am unable to care for his welfare and I will know his needs will be met.

Peter J. Kema



NOTE THAT
PETER KEMA SR.
GAVE ROSE M.
WHEN HE GAVE
HER PETER-BOY.

DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION

MAR 23 1998

EH INTAKE/ASSESSMENT UNIT
HILO, HI 96720

Request for Special Needs Assistance

CHILD'S NAME [REDACTED] DATE [REDACTED]

CAC-EH# [REDACTED] CPS# (10780) M/F [REDACTED] AGE [REDACTED]

REQUESTED BY [REDACTED] AGENCY DHS PHONE [REDACTED]

Seen at the CAC on 4/22/98 Not seen at CAC

FAMILY TYPE	ETHNICITY *	PLACEMENT
Single Females	Asian	At Home
Single Males	Black	Foster Home <input checked="" type="checkbox"/>
Single Female with/kids	Caucasian	Emergency Shelter
Single Male with/kids	Hawaiian	Extended Family
Couple	Pacific Islander <input checked="" type="checkbox"/>	Group Home
Couple with/kids	Other <input checked="" type="checkbox"/>	Other

* optional

Services Requested: clothes

Situation and reason for request: Child needs clothes for school bag

Amount/Item of request [REDACTED]

Where else have you tried?
 CAN [REDACTED] WRAPAROUND [REDACTED] Other [REDACTED]
 OUTCOME [REDACTED]

If approved: Check payable to: [REDACTED]

Approved BY: [REDACTED] DATE [REDACTED]
 Charge to: CG TH FCAC LOAN OTHER
 Paid from:
 Petty cash \$ [REDACTED]
 FCAC-EH check [REDACTED] to [REDACTED]
 In Kind Donation [REDACTED]
 Other [REDACTED]

Not approved: explain [REDACTED]

BY: [REDACTED] DATE [REDACTED]